

Receipt DATE

**REQUEST FOR FEE EXEMPTION:
LIMITED CRIMINAL HISTORY INFORMATION**

CUSTOMER ID #

(Please type or print all information)

Agency Name

Mailing Address **where this response will be sent – if mailed**

City, State, Zip Code

Daytime Phone: _____

Attention: _____

REASON FOR REQUEST

FEE EXEMPTION: Mark an (X) in one box below for this request

NON-PROFIT ORGANIZATIONS and SCHOOL VOLUNTEERS IC 5-2-5-13

- A. ☐ Prospective adult volunteer for children (Copy of non-profit status enclosed).
- B. ☐ Home Health Agency (Copy of license has been issued and on file with ISP).
- C. ☐ Department of Public Welfare Day Care/Foster Home Licensing or licensee.
- D. ☐ A school corporation, non-public school, or special education cooperative (K-12)

WARNING - PENALTY FOR MISUSE

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 5-2-5-5: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

Authorized Signature of Requesting Agency

Date

Cash will be accepted only if request is in person; otherwise, all checks payable to **STATE OF INDIANA**

Mail request to:

Indiana State Police, Central Repository
Attn: Ken O'Hare
100 North Senate Avenue, Room N302
Indianapolis, Indiana 46204-2259